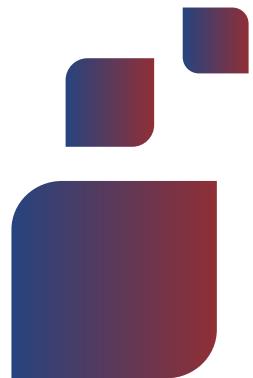


# Your Health



## Osler Quote of the Month:

**“I am firmly convinced that the best book in medicine is the book of Nature, as writ large in the bodies of men.”**

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# Your Health

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# Health Myth of the Month

## The Low-Fat Diet

As we discuss in our nutrition section, we are sicker today because we have been led to believe that a low-fat diet is ideal. This idea reached fruition in the 1950's when Ansel Keys published the Seven Countries Study equating the consumption of fat to increased heart disease. The linkage between fat and heart disease he uncovered was misleading; he did not control for other variables, and what was not known at the time was that he actually studied 22 countries, 15 of which showed a positive link between fat and overall health. He tossed out those 15 studies and ushered in a dangerous health myth with which we still live today.

The perfidy of Keys' study doesn't end there; in the 1960's and 1970's several Harvard medical scientists were paid by the Sugar Lobby to fabricate studies showing that fat was dangerous, and one of these scientists became head of the FDA and created the infamous food triangle that placed fat at the bottom of the nutritional abyss. The low-fat craze began in the 1980's when sugar replaced fat in many foods, and scientists invented a "healthy" fat (trans fat, or margarine) that led to increased rates of diabetes and heart disease, and a drop in overall life expectancy.

At the same time we demonized fat we similarly created the myth of cholesterol, contending that it was dangerous when high and needed to be reduced through medicines and low cholesterol diets. Statins and other pills deluged us like a flood, and even today, despite copious evidence that cholesterol may in fact be beneficial especially as we age and that cholesterol lowering pills can have dangerous side effects, we have stuck to this deceptive narrative.

Bottom line: the human body needs fat and cholesterol, mostly our brain, but all of our body. When we restrict it, not only do we deprive ourselves of a crucial nutrient, but we tend to eat more sugar and other toxic foods. Also, the cholesterol we measure in our blood has no correlation to how much of it will stick to our arteries; sugar is the glue that clogs our arteries, not fat. Beware of anyone who tells you to avoid fat and treat cholesterol. Statins do have a beneficial role in some very select people, but not because they lower fat and cholesterol.

## News from PPC: Hospital Communication

We finally did it! Thanks to our state senator, Terri Hill, we met with Howard County Hospital and devised a means of communicating with the emergency room doctors and hospitalists. This will ensure that we will be involved in your care if you go to the hospital and get treated there. Studies show that primary care involvement from the moment of arrival and throughout the stay improves outcomes.

After we test this system in Howard County, we will take it to other hospitals where our patients often are sent, creating a beneficial continuum of care that is currently lacking. Being in a hospital is frightening and often dangerous. Now we can help guide you through that process and make sure that the doctors treating you understand your personal situation and your health.

# Long Term Care Corner

## Anxiety and Agitation

In many ways, nursing homes and assisted living facilities have become more medically anxiety-provoking than even the hospital. The atmosphere in these facilities, often triggered by regulations, is one of incessant medicalization. People who live there are often frail, prone to falls, and take too many medicines. Constant surveillance, exams, tests, and even hospitalization have become the norm, and rather than living in facilities to rest and recover, residents are subject to the claws of our hyper-aggressive healthcare system.

This all translates not only into poor outcomes, but also incessant anxiety. Yes, we have an epidemic of externally induced anxiety and depression in such facilities, triggered by hypervigilance. People with dementia become depressed and agitated, and those without dementia start to lose their memory due to anxiety. Rather than back away from over-medicalization we do the opposite, treating people with medicines to calm them down and sedate them, often triggering falls and more confusion.

It is no surprise that studies show that a palliative care approach (treat symptoms, not numerical diseases) that minimize medical interventions leads to longer life, fewer hospitalizations, and much less anxiety. We as a medical system should understand that elders in facilities don't need us to slam them with a medical hammer. Rather, a gentle, slow, and common-sense approach utilizing shared decision making helps the most.

## Medication Factoids

### Aspirin

There is a great deal of confusion about one of the oldest medicines in our pharmacopeia. Aspirin has been around forever. Sometimes the medical community tells everyone to take an aspirin a day, sometimes they say aspirin is unnecessary. This is classic medical binary thinking: something is either good or bad. But as Osler says, all medical treatment is nuanced and must be seen through the eyes of the patient being treated, especially as studies are not correlated to the specific needs and conditions of the person being treated.

So, there is no right answer. In people with a history of strokes or heart attacks, aspirin can help minimally to prevent future events. On the other hand, in people with bleeding tendencies, aspirin can cause bleeding and bruising, and it can also trigger abdominal issues including ulcers. Aspirin is not a great pain medicine, but it can help to prevent clotting without as many side effects as drugs such as Plavix and Eliquis.

So, bottom line, aspirin is sometimes useful, sometimes dangerous, but all of that depends on the unique characteristics of each person who plans to take it.

## Testing Corner

### Dementia Tests

The need for us to "prove" we have a medical problem through testing often stands in the way of common sense. Most diseases today are numerical; we find them through measurements, not through clinical wisdom and critical thinking. But test results can be manipulated to make more people seem ill, they may not correlate to real illness, and they take the patient's own subjective presentation out of the equation. Doctors have been relying too much on tests and too little on experience and knowledge.

Now we seek to define dementia through various tests, but whether the BCAT, MoCA, or mini mental status, no test has been fully validated, and none trump clinical judgment. Too many doctors insist on tests, order brain imaging and pages of blood work, and are determined to label people with specific types of dementia, all of which cloud the nuance of the diagnosis. Any experienced doctor should be able to determine the presence of dementia and distinguish it from the normal forgetfulness of aging, without needing numerical score cards and useless diagnostic tests. By medicalizing memory loss, scaring people, and over diagnosing dementia, we miss true dementia, and we deceive patients into believing that we know more than we do about this devastating but confusing diagnosis.

# Nutrition Corner

## Why High Fat is Healthiest

We saw In the News that a high fat diet helps to prevent dementia. Across the world, fat has been associated with improved mental and physical outcomes, including lower heart attack rates and less diabetes. Why, then, does the medical community insist that low-fat diets are best, that we have to measure and lower cholesterol, that we should avoid eggs and beef? Sadly, such advice is contrary to your best health, and likely leads to increased consumption of sugar, white flour, toxic trans-fats (margarine), and processed low-fat products.

Let's face it, we need healthy fat. Clearly vegetable fats are healthiest, from olive oil to nuts to avocados, but animal fat can be healthy too. The danger of beef, eggs, and chicken is not from fat, but rather from the processing of the animal. Most animals we eat are fed pesticide-laden pellets, kept in cages, and injected with hormones and antibiotics. When we eat organic grass-fed beef and pasture-raised chicken and eggs, the story is very different. Those healthy fats feed our gut bacteria, while helping us to eat less junk, lose weight, and feed our gut microbiome. It's time we stop denouncing fat and look to where the problem lies: industrialized processed meats, and too much sugar.

## In the News

- ❖ In a fascinating [New Yorker article](#), Dhruv Khullar explores the God complex so common among doctors, who push patients to follow their dogmatic proclamations often to the detriment of health. The result? An erosion of trust of doctors by patients. The author looks at how doctors practice, AI, and many other contentious issues.
- ❖ Far too often, doctors order tests that lead to more tests that find problems that are more phantom than real leading to dangerous interventions and unnecessary fear. An [article in Epoch Health](#) looks at the dangers of medical cascades, quoting our own Dr. Lazris.
- ❖ [A Lancet article](#) shows that remission of prediabetes results in excellent heart outcomes. But given that labeling someone as prediabetes is not prognostic, and that treating anyone with the diet described in the article (one that focuses on more fiber and less sugar) will result in improved outcomes, the real lesson of the article is not about prediabetes but is about a diet that everyone should consider regardless of how doctors label you.
- ❖ Here's an article that makes sense and falls in the face of conventional wisdom. The [long-term study shows](#) that people who eat higher fat diets, including animal fats, have lower dementia risk. Yes, the brain needs fat, even if doctors fallaciously tell you to avoid it.
- ❖ In the same vein, we know that people need fat as they age, especially if they have dementia, and that high cholesterol in people over 60 equates to longer life. A [new study shows](#) that the use of statins to lower cholesterol in elderly people with dementia has a reverse effect than expected: people taking these drugs have higher rates of strokes and heart attacks. Again, elders need fat, and it's high time we stop measuring and treating cholesterol as we age.
- ❖ Each week we learn about a new potential problem with GLP-1 shots. A [new study shows](#) that people with low heart function experience more dangerous arrhythmias when taking these drugs. [We also learned](#) that people with GLP-1's have muscle weakness, nutritional deficiencies, and injury to the gut microbiome. Certainly these drugs are not a free ride!
- ❖ A [JAMA article shows](#) that while we are diagnosing more early-onset cancer through copious screening tests, we are not diagnosing more clinically meaningful cancer or lowering the cancer death rate. Instead we are finding cancers that are likely to regress or remain stagnant and treating them with potentially toxic drugs that cause more harm than good.
- ❖ We know that blood thinners for afib, despite a tiny benefit of stroke reduction, cause significant bleeds, bleeding strokes, and death compared to placebo. A [new study also shows](#) an increase in bleeding in the eyes. It is important to assess the risks and benefits of drugs like Eliquis before simply telling patients that they are necessary.

# Recipes of the Month

Today we have two recipes to share. Click the video link and then the pdf of the recipe to learn more.

Cucumber Salad



Beef Stew



Download



Download

All Recipes Will Be On Our Website. Check Out Our Nutrition Videos, Nutrition Information, And Join Our Nutrition Program That Is Filled With Tasty Perks!

# The Last Word

## The Year in Review

This year we explored several interesting studies in our In The News section. Some highlighted medical news that reinforced what we know, some challenged us to think differently, while others are too preliminary to draw firm conclusions. Rather than go through the studies (which can be found in the year's newsletters), we'll review the findings and the implications for patients.

 **Fat and Cholesterol.** As noted in this and prior newsletters, we have learned information about fat and cholesterol that buttresses older ideas and debunks much of what doctors tell patients. The demonization of healthy fat is inappropriate, and the prognostic significance of measuring cholesterol especially in elders has been shown to be dubious. In fact, after age 60, higher cholesterol (HDL) portends better outcomes, including longer life. Statins in people with dementia can actually increase strokes and heart attacks, and high fat diets can protect people from dementia. What does all this tell us? First, we should not measure cholesterol in people over age 60, and should not necessarily treat high cholesterol in everyone. Second, we should promote a higher fat diet rather than discredit it. Third, we should reserve the use of statins for younger people who have heart and vascular disease, not everyone with high cholesterol.

 **COVID and Flu:** We have firm evidence (discussed in prior newsletters) that Tamiflu does not help people with flu; it doesn't reduce duration or severity, curb adverse effects such as hospitalization and death, or reduce spread. In elders, it causes gastric symptoms. Similarly, as studies show this year, Paxlovid for COVID does not improve any outcomes and has salient side effects and drug interactions. Why are we still using these drugs? Also this year we have seen a steep increase in serious respiratory infections including Flu and COVID, something occurring in the vaccinated. Could it be (despite CDC reassurance) that taking both vaccines simultaneously reduced their efficacy, leading to more illness? Why has the CDC not conducted a study? A few studies done on the COVID vaccine are not encouraging, with increased illness in those who receive it. Finally, the Cochrane Report has increased its database showing fairly definitively that masks will not protect people from Flu or COVID nor reduce spread; if you want to mask, just be aware that it will not prevent you from getting sick or from spreading your germs.

 **GLP-1's:** While it is clear that these new injectable drugs can promote weight loss, we don't know if they're safe or have any health benefits. They have very little data-years of research, the few studies we have were designed and financed by drug companies, and typically drug company studies are manicured so as to show benefits for several years before side effects reveal themselves. 85% of similar studies are reversed within 5 years, in fact. We are already seeing some concerning downsides of these drugs, including ravenous hunger in many when the drugs are stopped, irreversible muscle destruction, bowel paralysis, teeth deformities, retinopathy, arrhythmias, and malnutrition including possible injury to the gut microbiome. Being sold to the tune of \$50 billion a year, the companies that make these drugs will bury downsides for as long as possible. Maybe these drugs are beneficial beyond the weight loss, maybe they are frighteningly dangerous, but we have no way of knowing. These new studies, though, should give us some caution about them.

 **Atrial Fibrillation:** Blood thinners (like Eliquis) reduce noticeable strokes minimally, and new studies this year show that they increase the risk of brain bleeds and death in frail elders, while increasing serious bleeds (including bleeds in the retina) substantially. A device called the Watchman is being offered as an alternative to blood thinners, but the risk of death with a Watchman, based on new data this year, is far higher even than what blood thinners trigger, and certainly higher than doing nothing at all.

 **The Heart:** While heart attack deaths are decreasing (largely from emergency room care), heart deaths overall are increasing. Strokes are also increasing despite the prolific use of statins and blood thinners to prevent strokes. And new blood pressure guidelines that push pressures below 120 are likely to increase complications to higher levels, given that the drug-company scripted guidelines discard the many studies showing danger from aggressive treatment of pressure.

 **Diet:** We have more studies this year showing that a high fiber, low sugar diet can prolong life and reduce chronic illness. High fat diets, as noted, help with dementia. We also have two studies this year showing benefits from coffee, especially the morning cup. Given that a study showed that the US has among the highest burdens of chronic illness in the world, we should focus more on diet and exercise.

This is but a small sampling of the year's news. It's always helpful to review the year's newsletters!